

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

**CASE MANAGEMENT/ELECTRONIC CASE FILES SYSTEM (CM/ECF)  
REQUEST FOR WAIVER OF TRAINING REQUIREMENT**

This form may be used by Attorneys and/or Authorized Users who have previously completed CM/ECF training in another Bankruptcy Court and are currently a CM/ECF registered filing user in good standing with that Court. Information contained on this form may be verified with the Court from which CM/ECF training was acquired.

First/Middle/Last Name: \_\_\_\_\_

NY State Bar ID #: \_\_\_\_\_

State of Admission: \_\_\_\_\_

Admitted to Practice in U.S. District Court for the WDNY: \_\_\_\_\_

Firm Name, if applicable \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Voice Phone Number: \_\_\_\_\_

Fax Phone Number: \_\_\_\_\_

I hereby request that I be granted a waiver of the formal classroom training requirement. I certify that I am a current registered filing user in good standing with the following U.S. Bankruptcy Court and have received CM/ECF training in that district:

- |                          |                                      |                           |
|--------------------------|--------------------------------------|---------------------------|
| <input type="checkbox"/> | Eastern District of New York; _____  | [date training completed] |
| <input type="checkbox"/> | Northern District of New York; _____ | [date training completed] |
| <input type="checkbox"/> | Southern District of New York; _____ | [date training completed] |
| <input type="checkbox"/> | _____ (other); _____                 | [date training completed] |

I agree to adhere to court procedures for the Electronic Case Filing system. I have read and am aware of Local Bankruptcy Rules and Procedures for the Western District of New York. I understand that it is my responsibility to keep current with any and all updates to the CM/ECF procedures for the Western District of New York.

Attached are the additional documents required to complete the CM/ECF registration process:

- ☐ Attorney/Participant Registration Form [Form A].
- ☐ Pro Hac Vice Registration Form [Form B], if applicable.
- ☐ Credit Card Blanket Authorization Form [Form C].

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return this form to the New York-Western Office at:

U.S. Bankruptcy Court  
Attn: Training Coordinator  
Kenneth B. Keating U.S. Courthouse  
100 State Street  
Rochester, NY 14614

*Your login/password will be mailed to you at the address you provided above.*